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				Jill L	ane Caldwell and Caldwe	(Depositor's norne) (Signaure)	
		_		April	10, 2007	(Luio)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/626,315 07/24/2003 Keeneth Il Eckels ARMY156A 1691							
TITLE OF INVENTION: MULTIVALENT DENGUE VIRUS VACCINE 04/10/2007 TBESHAH2 00000088 210380 10626315							
APPLN. TYPE	SMALL ENTITY I	SSUE FEE DUE	PUBLICATION FEE I			E DATE DUE	
nonprovisional .	NO	\$1400	\$0	82 FC: (30 00 DF	04/10/2007	
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS	5		-	
PARKIN, JEFFREY S 1648, 424-202100							
CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indics	dence address or indication of " dence address (or Change o 22) attached. stion (or "Fee Address" Indi or more recent) attached. U	Correspondence	(1) the names of a or agents OR, alter (2) the name of a registered attorner	ting on the patent front page, list nes of up to 3 registered patent attorneys DR, alternatively, ne of a single firm (having as a member a attorneys or agent) and the names of up to depatent attorneys or agents. If no name is ame will be printed. 1			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) United States of America as Represented U.S.A.							
by the Secretary of the Army							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🎞 Government							
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
X Issue Fee X M Publication Fee (No small entity discount permitted) ✓ A check is enclosed. ✓ Payment by credit card. Form PTO-2038 is attached. X M The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 21-0380 (enclose an extra copy of this form).							
5. Change in Entity Status (from status indicated above) \[\begin{align*} \text{ \text{L} a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. \\ \end{align*} \begin{align*} \text{ \text{b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). \\ \end{align*}							
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Authorized Signature Elizabeth Armerie Date 10 April 2007							
Typed or printed name	ELIZABETH A			Registration N			
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							
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